

ADULT PROTECTIVE SERVICES INTAKE

[illegible]

C. Is there a specific individual(s) who mistreated the adult? If yes, complete the following: <div style="display: flex; justify-content: space-between; padding: 5px;"> Name Relationship Telephone Number/Address/Current Location </div>		
C. If allegations indicate specific event(s), when did this happen?		D. Where did this happen?
E. How long has this been going on?	F. When did you last see the adult?	
G. Has this situation caused harm to the adult? If yes, explain.		
H. How has the adult's physical/mental health and functioning declined or changed?		
I. Is the adult possibly in immediate danger of death? If yes, describe the danger.		
J. Is the adult at risk of irreparable harm? If yes, describe the danger.		
K. Did you witness the incident or condition? If not, how did you become aware of the situation?		
L. Is the adult aware of this report? If yes, what is his/her reaction?	M. Is the family aware of the report? If yes, who?	
N. Is there someone who might have additional knowledge regarding the adult's situation? Do they see a doctor? If yes to either, provide: <div style="display: flex; justify-content: space-between; padding: 5px;"> Name Relationship Telephone Number </div>		
O. Has the adult or the family been involved with DSS before? If yes, explain.		

P. Do you know if other reports have been made about the adult/family? If yes, give details.

Q. Do you know if law enforcement has been involved? If yes, give details.

4. RISK FACTORS OF ABUSE, NEGLECT, OR EXPLOITATION

A. Are there other conditions or circumstances that put the adult at risk of abuse, neglect, or exploitation? If yes, check below and explain:

Yes	No	Reporter Doesn't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Damage	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vermine/Pests	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate Heating/Cooling	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriately Cared for Pets or Animals	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Falling/Tripping Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Access to Transportation	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Telephone Access	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External Environmental Hazards	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bills Not Being Paid	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic Needs Not Met/Income Not Sufficient	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lends Money/Support Others Financially	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing Property/Assets/Banking Irregularities	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substantial Debt	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited Social Contacts (Family, Friends, Church, Etc.)	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent Losses	Explain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain
5. DISABILITY ALLEGATIONS				
A. Describe the adult's physical and/or mental problems. (Ask the reporter to share information he/she has regarding the adult's problems. Does the adult take any medicines? Do they have a specific illness or diagnosis?)				
Check physical and/or mental problems below and explain:				
Yes	No	Reporter Doesn't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Term Memory Loss/Signs of Confusion/Wandering/Impaired Judgment	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate Behaviors/Combative Behavior	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual or Auditory Hallucinations	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent Suicide Attempts	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fearful or Anxious/Seems Sad Withdrawn/Cries	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Ambulating/Recent Falls	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined to Bed	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairments	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight Loss or Gain/Malnourished	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continence Problems	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain
B. Describe how the adult is limited in performing activities and/or obtaining services necessary for daily living.				
Review and check strengths below and explain any limitations:				
Yes	No	Reporter doesn't know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Bathe Self	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Dress Self	Explain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Manage Basic Hygiene/Grooming/Toileting	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Feed Self	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Transfer	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Prepare Meals	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Administer Medication	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Do Laundry	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Do House-Keeping/Laundry	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Repair Home From Structural Damage/Home Maintenance	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Use Telephone	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to Manage Money	Explain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain

6 CARETAKER

A. Is there anyone who helps the adult on a regular basis? If yes, provide the following information:
 Name Relationship What do they do? How often?

B. Has any one of the above individuals assumed the responsibility for the adult's day-to-day well-being? If yes, who and explain.

C. Does someone help with the decision-making? If yes, who and describe role (i.e. POA, Legal Guardian, etc.).

D. Are they aware of the situation? If no, explain.

E. Is someone managing the adult's finances? If yes, explain.

7. NEED FOR PROTECTION

Has anyone attempted to stop what is happening to the adult? If yes, explain what they have done.

8. SAFETY ISSUES

Are there any environmental or safety issues that the worker should be aware of? If yes, explain.

9. REPORTER INFORMATION

A. Is this an anonymous report?	B. Reporter's Last Name	C. First	D. Relationship to adult
E. Address		F. Telephone Number	G. How does the reporter wish to be notified?

10. INTAKE SIGN-OFF

APS Criteria Explained ☐ Confidentiality of Reporter Information Explained ☐ Notice to Reporter Requirements Explained ☐
Intake Worker Signature _____ Date _____ Time _____

11. DISPOSITION OF REPORT (FOR SUPERVISORY SCREENING USE ONLY)

A. Is the adult alleged to be disabled?

B. Is the adult alleged to be abused, neglected, or exploited? Check all that apply:

☐ Abuse ☐ Self Neglect ☐ Caretaker Neglect ☐ Person Exploitation ☐ Assets Exploitation

C. 1. Is there someone willing, able, and responsible to provide or obtain essential services?

2. Is the adult able, willing, and responsible to obtain essential services?

3. Is the adult alleged to be in need of protective services?

D. Supervisor Comments

E. Referrals

1. Referral Information Given to Reporter for Community Service. If yes, list agencies.

2. In-House Referrals Made. If yes, list unit or department, information provided, and expected follow-up.

F. Notification (Check any notifications that are needed) ☐ DA ☐ Law Enforcement ☐ DFS ☐ AHS ☐ Reporter

G. ☐ Report accepted for evaluation

H. Initiation Response Time <input type="checkbox"/> Immediate (If the complainant alleges danger of death) <input type="checkbox"/> 24 Hours (If the complainant alleges danger of irreparable harm) <input type="checkbox"/> 72 Hours (if the complainant does not allege danger of death or irreparable harm)					
I. Supervisor/Designee Signature			Date		Time
			J. Assigned Social Worker		
K. <input type="checkbox"/> Report not accepted for evaluation. If not, explain which of the criteria were not met.					
L. Supervisor/Designee Signature			Date		Time
			M. APS/Social Worker Signature		Date
			Time		
N. If transferred to another county; provide reason, date, time, and method.					